STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyist(s)	Michael P. Do	nnelly			
II. Name of lobbyist's	partnership, firm o	or corporation, if	any:		
Home School Le	gal Defense As	sociation (HSI	LDA)		
(Name	of partnership, firm o	r corporation)	·		
P.O. Box 3000		Purcellvill	е	VA	20132
Business Address: (Stree		(Town/City)		(State)	(Zip Code)
() 540-338-5600 (Telephone)	()(Fa:		-mail <u>mike@hsl</u>	lda.org
III. This statement cov reportable expense tra					ay file a separate report for
X All reportable transa	ections occurring in	the months prior to	the reporting	date relative to th	e following client:
Home School	Legal Defense	Association (F	ISLDA)		
	(Full Name of Client a	as it appears on the L	obbyist Registra	tion Form)	····
OR All reportable transacunrelated to any particul		st (including the lo	bbyist's family). or the lobbying	g firm listed below which are
IV. Date of Report April 26, 2017 [] Reports cover: activity from date of registration to 3/3				26, 2017 1 4/1/17 to 6/30/17	
uo	October 25, 2017 ctivity from 7/1/17 to 9			ary 31, 2018 <u> </u>	/17
V. There have been I If this box is checked, co Concord, NH 03301.					
VI. Check if additional	reports are attach	ed:			
If you have received			file Addendu n	n A– Fees and E	xpenses
If you have paid an Expense Reimbursemen		bursed expenses, y	ou must file A	ddendum B – Re	port of Honorariums or
If you. your firm, or	your family has ma	ide political contril	butions, you mi	ast file Addendu	m C- Political Contributions
ar fomple to be	mation by Lobbyis A 15-B, RSA 14-C by knowledge a	and RSA 664 and $ $		r affirm that the f	
(Signature of lobbyist) Michael P. Donnel	llv			- (Dai	RECEIVED
Michael P. Donnel (Print Name of lobbyist					OCT 2 5 2017

NEW HAMPSHIRE DEPARTMENT OF STATE